



SLEEP CONSULTATION QUESTIONNAIRE

Thank you for booking your Sleep Consultation with We Love Sleep. We look forward to helping you to get the perfect night's sleep, every night.

The information you provide us in this Sleep Consultation Questionnaire will help us to advise you on your sleeping problem(s), so please complete it as fully as possible. Once completed, please return it to us by email to info@welovesleep.co.uk or by post to We Love Sleep, Unit 10 Devonshire Business Park, 78 Eldon Street, Sheffield, S1 4GT.

About you

1. Name:
2. Address:
3. Telephone number:
4. Email address:
5. Date of birth:
6. Height:
7. Weight:

Your sleeping habits

8. What time do you usually go to bed?
9. How long does it usually take you to fall asleep?

10. What do you usually do in the few hours before you go to bed?

11. How many times do you usually wake in the night and for what reason(s)?

12. How long does it take you to fall back to sleep after waking in the night?

13. How many hours do you usually sleep each night?

14. Do you sleep alone or share your bed with a partner?

15. If you share your bed with a partner, please state your partner's height and weigh:

Height:

Weight:

16. Which of the following sleeping positions do you usually sleep in? (Tick more than one if you need to)

On your side

On your back

On your stomach

17. How would you rate the quality of your sleep?

Good

Fair

Poor

18. Do you think you may have a sleep problem? If so, please describe it.

19. Have you spoken to your GP or other medical professional about your sleep problem?

20. How long have you had trouble sleeping and what do you think started the problem?

21. Describe any emotional, physical or environmental factors that you feel may disturb your sleep, such as stress, snoring, allergies, nasal congestion, difficulty breathing, back / neck pain, discomfort in legs and/or feet, skin condition, too hot / cold in bed, partner / children, light, noise

22. Can you recall a time when you slept very well? If so, please explain why you think you slept so well on that occasion.

Your sleeping environment

23. Would you say your existing bed and bedding are comfortable and aid your sleep?

24. How old is your bed and mattress?

25. If known, please state what type of mattress you use? E.g. open sprung, pocket sprung, memory foam, latex

26. What size is your bed?

Single

Double

King

Super-King

Other (please specify)

27. How many pillows do you use?

28. What type of pillow(s) do you use? E.g. Feather, memory foam, silk

29. How old is your pillow(s)?

30. Do you use a duvet? If so, what type of duvet do you use? E.g. Feather, synthetic

31. What type of bedding do you use? E.g. Cotton, silk.

32. When you go to bed, is your bedroom:

Dark? Yes No

Quiet? Yes No

Tidy? Yes No

Your daytime habits

33. How do you feel during the day? For example, do you usually feel sleepy and lethargic or refreshed and energetic?

34. Do you usually nap during the day? If so, when and for how long?
35. Do you find yourself dozing off during the day? If so, do you fall asleep at inappropriate times and places?
36. Do you take any sleep medication?
37. Do you usually drink tea and/or coffee and / or other products containing caffeine such as Coca Cola? If so, how many cups do you usually drink and when?
38. Do you usually drink alcohol? If so, how many units do you usually drink and when?
39. Do you smoke? If so, how much and when?
40. When do you usually eat your evening meal?
41. Do you usually take exercise? If so, at what time, for how long and how vigorously?

Miscellaneous

42. What would you like to achieve from your consultation with We Love Sleep?

43. Is there anything else you think we should know?

Your personal information

All information disclosed to We Love Sleep is held securely by We Love Sleep and will be treated in the strictest confidence.

Your personal information will be processed by We Love Sleep, in accordance with the Data Protection Act 1998. Processing includes but is not limited to obtaining, recording, using and holding data.

Your personal information will be used and retained by We Love Sleep to advise you on your sleep problem(s) and about sleep products suitable for you. Your information may also be used and retained by We Love Sleep as follows:

- Internal record keeping and order processing.
- Our representatives may follow up, either by email or phone, as part of our customer care procedures.
- From time to time we may also use your information to contact you for market research purposes.

I have read and understood the above statements and consent to We Love Sleep processing my personal information.

Signed: Date:

We Love Sleep, we hope you will too.